

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038689

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

360

Primary Registration District No.

6225

Registrar's No.

158

FILED OCT 15 1963

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in 1b <b>12 days</b> <b>36 yrs. 5mths.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital No. 3</b>		d. STREET ADDRESS (If outside, give location) <b>4736 Oak</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Lucile Frances Schuerer</b>		4. DATE OF DEATH Month Day Year <b>October 10, 1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-27-1897</b>
9. AGE (last birthday) <b>65</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Office girl and housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Portland, Oregon</b>	
11. BIRTHPLACE (City and state or country) <b>U. S.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>	
13a. FATHER'S NAME <b>John Bristol</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Buxton</b>	
14. NAME OF HUSBAND OR WIFE <b>Edward F. Schuerer</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>	
16. SOCIAL SECURITY NO. <b>Hospital records</b>		17. INFORMANT <b>Hospital records</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b> Generalized Arteriosclerosis DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) <b>Dementia Praecox--Paranoid</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Dementia Praecox--Paranoid</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>April 28, 1927</b> to <b>October 10, 1963</b> and last saw her alive on <b>October 10, 1963</b> Death occurred at <b>7:30 A. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. I viewed the remains.		22a. SIGNATURE <i>[Signature]</i>	
22b. ADDRESS <b>State Hospital No. 3 Nevada, Missouri</b>		22c. DATE SIGNED <b>10-10-63</b>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>	23b. NAME OF CEMETERY OR CREMATORY <b>Moore Cemetery</b>	23c. LOCATION (City, town, or county) (State) <b>Nevada, Missouri</b>	
24. FUNERAL DIRECTOR <b>Eichinger-Milster Funeral Home</b>	25. DATE RECD. BY LOCAL REG. <b>10-10-1963</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

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OCT 22 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4805

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.